

| POSITION                  | INITIALS  | ID NO.          | DATE           |
|---------------------------|-----------|-----------------|----------------|
| FEE DETERMINATION         | <i>Sm</i> | <i>12/15/03</i> | <i>3/12/04</i> |
| O.I.P.E. CLASSIFIER       |           |                 |                |
| FORMALITY REVIEW          |           |                 |                |
| RESPONSE FORMALITY REVIEW |           |                 |                |

# INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

| Claim    | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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